

## **SECTION 15**

### **SECOND SURGICAL OPINION**

The intent of the Second Surgical Opinion Program is to provide an eligible Missouri Medicaid patient with a second opinion as to the medical necessity of certain elective surgical operations. When the second opinion has been obtained, regardless of whether or not it confirms the primary recommendation for surgery, the final decision to undergo or forego elective surgery remains with the Medicaid patient. A list of the outpatient surgical procedure codes requiring a second surgical opinion appears later in this section.

If a surgical procedure requiring a second opinion is performed in the hospital, either inpatient or outpatient, the physician performing the surgery is responsible for filing the second opinion form either on paper or electronically unless the surgery meets the following exceptions to the second surgical opinion policy. Hospital claims are subject to the second surgical opinion policy.

Hospitals must report inpatient surgeries on the UB-92 claim form using the ICD-9-CM surgical procedure codes. These codes are exempt from second surgical opinion editing and the hospital claim will process. However, the hospital remains subject to post payment review for the surgery and must assure that the physician performing the surgery has submitted an approved *Second Surgical Opinion* form and must keep a copy of the form in the patient's permanent file.

For outpatient surgeries, hospitals should report the surgery on the UB-92 claim form using the appropriate CPT procedure code(s). The procedure codes listed in this section require the proper completion and submission of a *Second Surgical Opinion* form. If there isn't an approved *Second Surgical Opinion* form on file, the claim for the outpatient surgery will deny. The hospital is subject to post payment review for the surgery and must assure that the physician performing the surgery has submitted an approved *Second Surgical Opinion* form.

Note – Anesthesiologists, assistant surgeons, independent laboratories, and independent x-ray services are exempt from the requirement to submit a copy of the *Second Surgical Opinion* form.

#### **EXCEPTIONS TO SECOND OPINION REQUIREMENT**

- Medicare/Medicaid crossover claims are exempt.
- Inpatient services are exempt from the second opinion requirement if the patient has Medicare Part B but not Part A. Enter "Medicare Part B only" in "Remarks" field of claim (field 84) on the UB-92.

- The *Second Surgical Opinion* form is not required if the surgeon does not participate in the Missouri Medicaid Physician Program. The provider must submit a claim along with a *Certificate of Medical Necessity* form and indicate on the *Certificate of Medical Necessity* form the surgeon's full name and indicate "non-participating."
- Those surgical operations specified are exempt from the second opinion requirement if any one of them is performed incidental to a more major surgical procedure that does not require a second opinion.
- If the service was performed as an emergency and a second opinion cannot be obtained prior to rendering the service, submit a paper claim along with a completed *Certificate of Medical Necessity* form indicating in detail the reason for the emergency provision of service. Emergency services are services required when there is a sudden or unforeseen situation or occurrence or a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in:
  1. Placing the patient's health in serious jeopardy; or
  2. Serious impairment to bodily function; or,
  3. Serious dysfunction of any bodily organ or part.

Emergency requests suspend and are reviewed by a medical consultant. If the *Certificate of Medical Necessity* form is not attached, or the reason does not substantiate the provision of the service on an emergency basis, the claim is denied.

- The recipient was not eligible for Medicaid at the time of service, but was made retroactive to that time. If the provider is unable to obtain an eligibility approval letter from the recipient, the claim may be submitted with a completed *Certificate of Medical Necessity* form indicating the recipient was not eligible at the time of service, but has become eligible retroactive to that date. If the eligibility approval letter or the *Certificate of Medical Necessity* form is not submitted, the claim is denied. See Section 7 of the Medicaid *Provider Manual* for instructions for completing the *Certificate of Medical Necessity* form.

## SURGERY CODES THAT REQUIRE A SECOND OPINION

The following CPT codes require a second surgical opinion and the submission of a *Second Surgical Opinion* form. Procedure codes marked with an “\*” also require the submission of an *Acknowledgment of Receipt of Hysterectomy Information* form.

28290	49491-50	49570	58260*	63003-62	63048
28290-50	49491-62	46570-50	58260-62*	63005	63048-62
28292	49491-6250	49570-62	58262*	63005-62	63055
28292-50	49495	49570-6250	58262-62*	63011	63055-62
28292-62	49495-50	49580	58263*	63011-62	63056
28292-6250	49495-62	49580-62	58263-62*	63012	63056-62
28293	49495-6250	49585	58267*	63012-62	63057
28293-50	49500	49585-62	58267-62*	63015	63057-62
28293-62	49500-50	49650	58270*	63015-62	63064
28293-6250	49500-62	49650-50	58270-62*	63016	63064-62
28296	49500-6250	49650-62	58275*	63016-62	63066
28296-50	49505	49650-6250	58275-62*	63017	63066-62
28296-62	49505-50	49651	58280*	63017-62	63075
28296-6250	49505-62	49651-50	58280-62*	63020	63075-62
28297	49505-6250	49651-62	58285*	63020-50	63076
28297-50	49520	49651-6250	58285-62*	63020-62	63076-62
28297-62	49520-50	49659	58290*	63020-6250	63077
28297-6250	49520-62	49659-50	58290-62*	63030	63077-62
28306	49520-6250	57240	58291*	63030-50	63078
28306-62	49525	57240-62	58291-62*	63030-62	63078-62
28308	49525-50	57250	58292*	63030-6250	63081
28308-62	49525-62	57250-62	58292-62*	63035	63081-62
47562	49525-6250	57260	58293*	63035-50	63082
47562-62	49550	57260-62	58293-62*	63035-62	63082-62
47563	49550-50	57265	58294*	63035-6250	63085
47563-62	49550-62	58265-62	58294-62*	63040	63085-62
47564	49550-6250	58120	58550*	63040-50	63086
47564-62	49555	58150*	58550-62*	63040-62	63086-62
47600	49555-50	58150-62*	58552*	63040-6250	63087
47600-62	49555-62	58152*	58552-62*	63042	63087-62
47605	49555-6250	58152-62*	58553*	63042-50	63088
47605-62	49560	58180*	58553-62*	63042-62	63088-62
47610	49560-50	58180-62*	58554*	63042-6250	63090
47610-62	49560-62	58200*	58554-62*	63045	63090-62
47612	49560-6250	58200-62*	59525*	63045-62	63091
47612-62	49565	58210*	59525-62*	63046	63091-62
47620	49565-50	58210-62*	63001	63046-62	63180
47620-62	49565-62	58240*	63001-62	63047	63180-62
49491	49565-6250	58240-62*	63003	63047-62	63182

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63182-62	63191-62	63196-62	66840	66852-6250	66984
63185	63191-6250	63197	66840-50	66920	66984-50
63185-62	63194	63197-62	66850	66920-50	
63190	63194-62	63198	66850-50	66920-62	
63190-62	63195	63198-62	66852	66920-6250	
63191	63195-62	63199	66852-50	66983	
63191-50	63196	63199-62	66852-62	66983-50	